



Department of Planning and Development
Gas Piping License
P. O. Box 34019
Seattle, WA 98124-4019
(206) 684-5174

APPLICATION

For Gas Piping Mechanic License

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Day Phone: _____

Date of Birth: _____

I certify that the information on this application is true:

_____ Date: _____

Signature of Applicant

----- *For office use only* -----

This is to certify that the above candidate has been examined in accordance with the City of Seattle Regulations and procedures and is qualified to receive the above License.

Data Entered By: _____ Date: _____

License Issued: ☐ Yes ☐ No

Customer Number: _____

Print your name: _____

License type: **Gas Piping Mechanic**

Are you familiar with the contents of the current City of Seattle Mechanical Code's Chapter 13, Fuel Gas Piping? Do you have a valid Plumbers License?

RECORD OF EXPERIENCE

(Experience must be uninterrupted and full-time)

Title, Occupation or Trade	Dates of Employment	Nature of your duties. Give details. List the types of gas piping installations you are familiar with.	Name and address of Employer
	Years: Months: From: To:		
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	Years: Months: From: To:		

EDUCATION AND TRAINING RELATED TO GAS PIPING

Name of Course	Name of Institution	Course Length/Completion Date	Course Description (include subjects covered)

